RI SOS Filing Number: 202046229140 Date: 7/21/2020 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUL 21 2020
3269

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty Additional $25 00 fee if form is not filed by April 1.

1. Entity ID Number	2 Exact name of the Corporation			
001695449	REGAL COMPONENTS INC			
3. Principal Office Address	City	State	Zip	
10 ALMEIDA AVENUE	EAST PROVIDENCE	RI	02914	
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
423990				
5. State of Incorporation				
RI	DURABLE GOODS			

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
FERDINANDO COELHO					
Street Address			Street Address		
2194 FEATHER SOUND DR					
City	State	Zip	City	State	Zip
CLEARWATER	FL	33762			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
JOANNE COELHO					
Street Address			Street Address		
2194 FEATHER SOUND DR					
City	State	Zip	City	State	Zip
CLEARWATER	FL	33762			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9 Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		01

11. This report must be executed on behalf of the corporation by an authorized representative If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
	7/15/20

Signature of Authorized Representative
FERDINANDO COELHO

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov